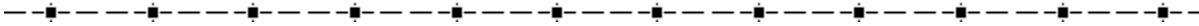


# Children's Adoption Aid

PO Box 336, Montezuma, KS 67867 - aidplans@ucom.net - Tel 620-846-2286 - Fax 888-456-0671



## **Enrollment Form USA**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Congregation where membership is held \_\_\_\_\_

Please mark the plan you wish to enroll in

- Plan A – I plan to adopt a child and expect to receive adoptive parent benefits.  
Cost - \$50 per month for a minimum of 30 months. Staff signature is required below for all Plan A applicants.
- Please send me monthly invoices.
- I wish to be enrolled in the automatic bank withdrawal program. Please send me the necessary enrollment form.
- 
- Plan B – I do not plan to adopt a child but wish to contribute on a monthly basis.  
Cost - \$50 per month until I cancel my enrollment.
- Please send me monthly invoices.
- I wish to be enrolled in the automatic bank withdrawal program. Please send me the necessary enrollment form.
- 
- Plan C – I do not plan to adopt a child but wish to make a donation. My donation is enclosed.
- 

### **Staff Approval (Plan A participants only)**

We have reviewed this application and approve of this couple's plans to adopt a child and their application for adoption aid.

Signature \_\_\_\_\_

*Please send completed form to the Montezuma office at the address or number shown above.*